

# SPECIAL EVENT PERMIT APPLICATION FORM

1. SPONSOR Knoxville Noon Kiwanis  
ADDRESS P.O. Box 502 Knoxville, IA PHONE 641-891-2418

2. EVENT TYPE:

- Parade     Festival     Assembly     Street Closure     Block Party  
 Rally     Marches     Walks     Fund Raisers  
 City Property Rental     Other Family Fun Fair

3. EVENT CONTACT PERSON(S) Curt Schwanebeck PHONE 641-891-2418  
ADDRESS P.O. Box 502 Knoxville, IA E-MAIL curt@schwanebeck.com

4. ON-SITE CONTACT PERSON(S) Curt Schwanebeck PHONE 641-891-2418  
LOCATION DURING EVENT Auld Park, South Shelter House Area

5. EVENT LOCATION Auld Park

6. PARKING AND TRAFFIC PLAN On street

STREET CLOSURE  YES  NO    LOCATION(S): Note on attached site plan.

7. EVENT DATE 6-18-16 EVENT START TIME 9am EVENT END TIME 1pm

8. SET UP TIME 7am TAKE DOWN TIME 3pm

9. RAIN DATE/TIME 7-9-16 9am-1pm

10. SIZE OF EVENT (estimated number of people on-site at one time)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 - 25               | <input type="checkbox"/> 701 - 900     | <input type="checkbox"/> 5,001 - 7,000   |
| <input type="checkbox"/> 26 - 100             | <input type="checkbox"/> 901 - 1,000   | <input type="checkbox"/> 7,001 - 9,000   |
| <input type="checkbox"/> 101 - 200            | <input type="checkbox"/> 1,001 - 1,500 | <input type="checkbox"/> 9,001 - 10,000  |
| <input checked="" type="checkbox"/> 201 - 300 | <input type="checkbox"/> 1,501 - 1,700 | <input type="checkbox"/> 10,001 - 15,000 |
| <input type="checkbox"/> 300 - 500            | <input type="checkbox"/> 1,701 - 2,000 | <input type="checkbox"/> 15,001 - 20,000 |
| <input type="checkbox"/> 500 - 700            | <input type="checkbox"/> 2,001 - 5,000 | <input type="checkbox"/> over 20,000     |

11. PORTABLE TOILETS: NUMBER OF TOILETS BEING PROVIDED 0

LOCATION(S) OF TOILETS \_\_\_\_\_

12. TYPES OF ACTIVITIES/VENUES childrens games and activities

12a. NON-FOOD VENDORS, CONCESSIONAIRES, RIDES (name, address, phone for each)

Various church groups and non profit groups from the Knoxville area.  
Not yet finalized.

12b. FOOD VENDORS (name, address, phone for each) none

12c. TENTS Small popup free standing

13. UTILITIES TO BE USED (LIST EQUIPMENT TYPES) electrical for P.A., Photo printers

13a. ELECTRICAL SOURCE South shelter house

13b. WATER SOURCE

14. ALCOHOLIC BEVERAGES SERVED? LICENSE CLASS none

ALCOHOLIC BEVERAGE LICENSE OBTAINED?

YES

NO

15. SECURITY

HAVE THE POLICE BEEN CONTACTED ABOUT CROWD OR TRAFFIC CONTROL?

YES

NO

16. SOURCE OF GARBAGE/RUBBISH REMOVAL SERVICE:

Club will take care of pickup trash and disposal

17. SITE PLAN ATTACHED.

YES

NO

18. INDEMNITY AGREEMENT SIGNED AND ATTACHED.

YES

NO

19. INSURANCE CERTIFICATE ATTACHED.

YES

NO

20. DAMAGE DEPOSIT INCLUDED (AMOUNT \$ \_\_\_\_\_)

YES

NO

21. PERMIT FEE INCLUDED AMOUNT \$100.00

YES

NO

If no, proof of non-profit status must included.

*I have read this Special Event Agreement and Permit Application packet and have accurately and truthfully completed the Application. I agree that I will obtain any other permits necessary and will follow the guidelines and requirements set forth in the packet.*

Curt Schwambes

Signature

4-20-16

Date

## INDEMNITY AGREEMENT

In consideration for the granting of permission by the City of Knoxville, Iowa to the undersigned for the use of the following described property:

For the following purpose only: Family Fun Day

On the following date(s):

The undersigned agrees to defend, indemnify and hold harmless the City of Knoxville, its agents, officers and employees, from and against any and all claims for injury or damages to persons or property arising out of or caused by the use of such property.

The undersigned further agrees upon receipt of notice from the City of Knoxville to defend at its own expense the City of Knoxville, its agents, officers and employees from any action or proceeding against the City of Knoxville, its agents, officers or employees arising out of or caused by the use of such property. The undersigned agrees that a judgment obtained in any such action or proceeding shall be conclusive in any action by the City, its agents, officers or employees against the undersigned, when so notified as to the undersigned's cause of the injury or damage, as to the liability of the City, its agents, officers and employees to the plaintiff in the first named action, and as to the amount of the damage or injury. The City of Knoxville, its agents, officers and employees may maintain an action against the undersigned to recover the amount of the judgment together with all the expenses incurred by the City, its agents, officers and employees in the action.

I HAVE READ THIS INDEMNITY AGREEMENT, I UNDERSTAND THE EFFECT OF THIS INDEMNITY AGREEMENT, I AM AUTHORIZED TO SIGN THIS INDEMNITY AGREEMENT, AND I AM SIGNING THIS INDEMNITY AGREEMENT VOLUNTARILY.

Dated this 20<sup>th</sup> day of April, 2016.

Organization: Knoxville Noon Kiwanis

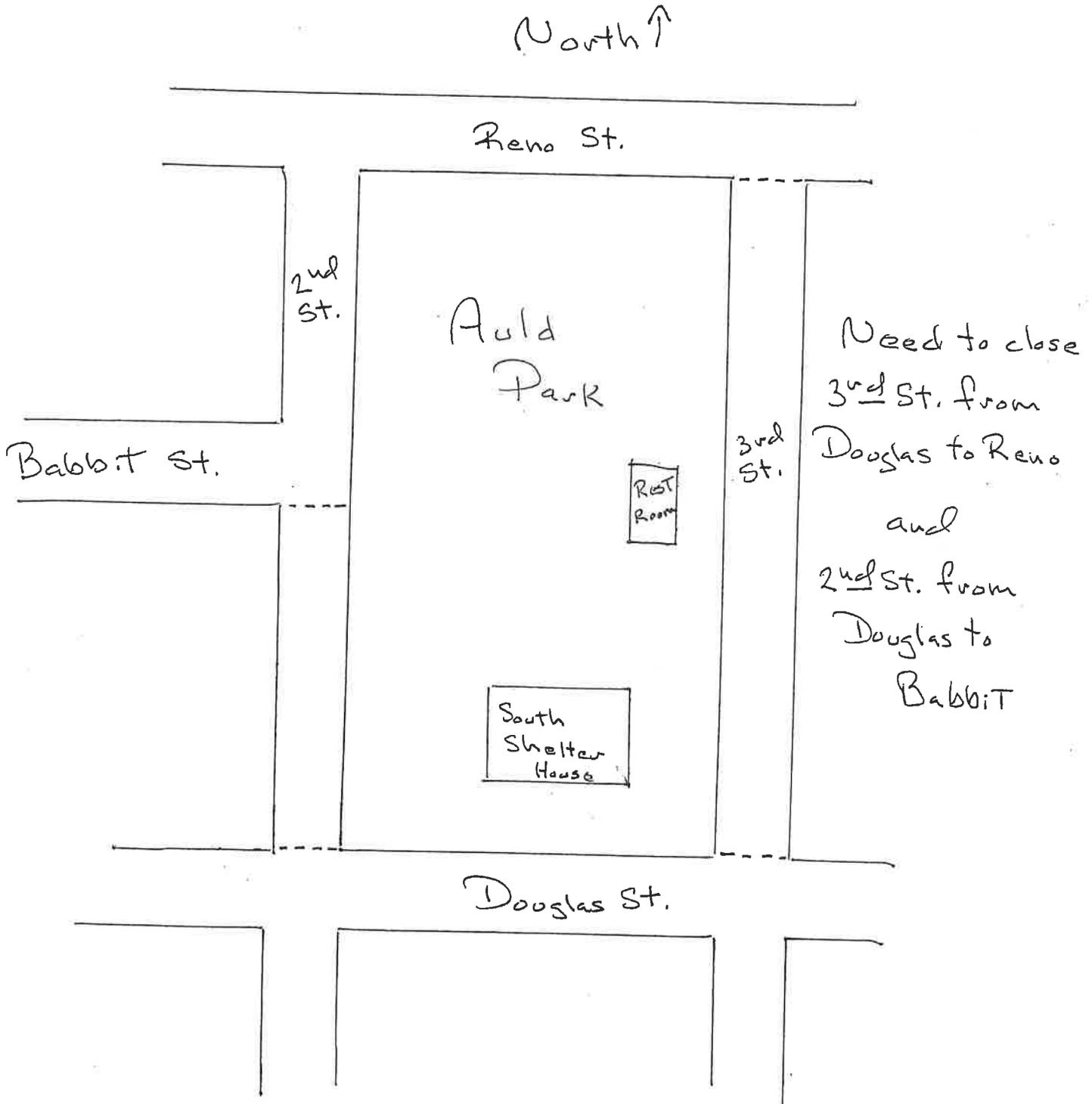
By: Curt Schwanke

Title: Event Coordinator

# SITE PLAN

Attach site plan here.

Highlight areas of street closures, right-of-way closures and sidewalk closures being used for the event. Show all locations of signs relating to event.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hylant Group Inc-Indianapolis 301 Pennsylvania Parkway, #201 Indianapolis IN 46280	<b>CONTACT NAME:</b> Lisa Christenson <b>PHONE (A/C No. Ext):</b> 317-817-5172 <b>E-MAIL ADDRESS:</b> kiwaniscert@hylant.com	<b>FAX (A/C No.):</b> 317-817-5151
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> KIWAN03 Kiwanis International, All Clubs and Their Members Knoxville Boon Kiwanis P.O. Box 502 Knoxville, IA 50138	<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1281222214

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			013136005	11/1/2015	11/1/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 Liquor Liability \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			013136005	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$3,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2015	11/1/2016	All Claims \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Family Fun Day, June 18, 2016 Auld Park Knoxville, IA 50138  
 Rain date July 20, 2016

**CERTIFICATE HOLDER****CANCELLATION**

City Clerk Municipal Bldg.  
 305 S. 3rd St.  
 Knoxville, IA 50138

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Judy K. Wilson

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